**Northeastern State University**
**Computing and Telecommunications Department**
# Request for Full-time Employee UserID Change

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*To be completed by **Applicant***

Date _____

Previous Name _____ _____ _____
Last First Middle

Current UserID _____ SSN: _____

New Name _____ _____ _____
Last First Middle

_____
Signature

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*To be completed by **Human Resources*** Date _____

I confirm that _____ changed her/his legal name in accord with Northeastern State University policies.

_____ _____
Printed Name Signature

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*To be completed by **Computing & Telecommunications***

Change Request Accepted _____ Change Request Denied _____

Date Change Was Made _____

_____ _____
Printed Name Signature